CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL (Rev. 5/99) . CIR./DIST./ DIV. CODE VOUCHER NUMBER 2. PERSON REPRESENTED 3. MAG. DKT./DEF. NUMBER 4. DIST. DKT./DEF. NUMBER 5. APPEALS DKT./DEF. NUMBER 6. OTHER DKT. NUMBER 7. IN CASE/MATTER OF (Case Name) 8. PAYMENT CATEGORY 9. TYPE PERSON REPRESENTED 10. REPRESENTATION TYPE G Petty Offense **G** Adult Defendant (See Instructions) **G** Felony **G** Appellant **G** Misdemeanor G Juvenile Defendant **G** Appellee G Other G Other **G** Appeal 11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. 12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), 13. COURT ORDER AND MAILING ADDRESS **G** O Appointing Counsel **G** C Co-Counsel **G** R Subs For Retained Attorney **G** F Subs For Federal Defender **G** P Subs For Panel Attorney **G** Y Standby Counsel Prior Attorney's Appointment  ${f G}$  Because the above-named person represented has testified under oath or has Telephone Number: satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney 14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions) whose name appears in Item 12 is appointed to represent this person in this case, OR **G** Other (See Instructions) Signature of Presiding Judicial Officer or By Order of the Court Date of Order Nunc Pro Tunc Date Repayment or partial repayment ordered from the person represented for this service at time G YES G NO **CLAIM FOR SERVICES AND EXPENSES** FOR COURT USE ONLY TOTAL MATH/TECH. MATH/TECH. HOURS ADDITIONAL ADJUSTED ADJUSTED CATEGORIES (Attach itemization of services with dates) AMOUNT CLAIMED REVIEW CLAIMED HOURS AMOUNT a. Arraignment and/or Plea b. Bail and Detention Hearings Motion Hearings Trial Sentencing Hearings Revocation Hearings Other (Specify on additional sheets) (RATE PER HOUR = \$ TOTALS: b. Obtaining and reviewing records jo Legal research and brief writing d. Travel time e. Investigative and other work (Specify on additional sheets) (RATE PER HOUR = \$ Travel Expenses (lodging, parking, meals, mileage, etc.) Other Expenses (other than expert, transcripts, etc.) GRAND TOTALS (CLAIMED AND ADJUSTED): 19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE 20. APPOINTMENT TERMINATION DATE 21. CASE DISPOSITION IF OTHER THAN CASE COMPLETION FROM: TO: **G** Final Payment G Interim Payment Number G Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this G YES **G** NO If yes, were you paid? Other than from the Court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? G YES G NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements. Signature of Attorney Date APPROVED FOR PAYMENT COURT USE ONLY 23. IN COURT COMP. 24. OUT OF COURT COMP. 25. TRAVEL EXPENSES 26. OTHER EXPENSES 27. TOTAL AMT. APPR./CERT. 28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER DATE 28a. JUDGE/MAG. JUDGE CODE 29. IN COURT COMP. 30. OUT OF COURT COMP. 31. TRAVEL EXPENSES 32. OTHER EXPENSES 33. TOTAL AMT. APPROVED

34a. JUDGE CODE

34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved

in excess of the statutory threshold amount.